



**TOWN OF MILLVILLE**  
36404 Club House Road, Millville, DE 19967  
TEL (302) 539-0449 FAX (302) 539-0879  
www.millville.delaware.gov

DATE OF APPLICATION: \_\_\_\_\_

## ZONING CHANGE APPLICATION

### INSTRUCTIONS & REQUIREMENTS:

1. Submit the completed and signed Application for Amendment to a Conditional Use and \$450 fee, payable to the Town of Millville. Application must include:
  - Two (2) copies of a recent survey by a licensed surveyor showing the amount of acreage. Description must conform to metes and bounds of survey.
  - Copy of the deed.
  - A preliminary site plan complying with the requirements of site plan review, Article XII, 2, of the Code of Millville. Additional information may be required for the determination of the nature of the proposed use and its effect on the Comprehensive Plan.

#### CURRENT PROPERTY OWNER INFORMATION

NAME(S) / APPLICANT(S)			
MAILING ADDRESS			
PHONE		EMAIL	

#### PROPERTY INFORMATION

SUSSEX COUNTY TMP#		TOTAL LOT SQ. FOOTAGE		ACRES	
PROPERTY LOCATION					
CURRENT ZONING DISTRICT		PROPOSED ZONING			
CURRENT PROPERTY USE		PROPOSED PROPERTY USE			

RE-ZONING IS REQUESTED FOR THE FOLLOWING REASONS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I/We hereby apply for a zoning change on the property described above. I/We certify that all the information and attached documentation provided in this application is correct and further understand that a Public Hearing will not be scheduled until this application is complete as determined by a town official.

Owner/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### TOWN OFFICIAL USE ONLY

Received by: \_\_\_\_\_ Amount: \_\_\_\_\_ Check : \_\_\_\_\_ Date: \_\_\_\_\_

#### TOWN COUNCIL USE ONLY

APPROVED DATE: \_\_\_\_\_ DENIED DATE: \_\_\_\_\_

BY: \_\_\_\_\_ BY: \_\_\_\_\_